

Form **990**

OMB No 1545-0047

2002Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2002 calendar year, or tax year beginning and ending**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions.**C** Name of organization**THE VETERANS FUND, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

PO BOX 150

City or town, state or country and ZIP + 4

PORT TREVORTON**PA 17864-0150****D** Employer ID number**23-2981610****E** Telephone number**570-372-0966****F** Accounting method ☒ Cash☐ Accrual ☐ Other (specify)Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable
trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

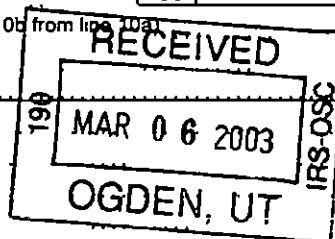
H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes" enter no. of affiliates**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No" att. a list. See instr.)

H(d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☐ No**I** Enter 4-digit GEN**M** Check ☒ if the organization is not required
to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Web site**J** Organization type(check only one) ☒ 501(c) (**3**) < (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than
\$25,000. The organization need not file a return with the IRS, but if the organization
received a Form 990 Package in the mail, it should file a return without financial data.
Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **3,104,435****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16)R
e
v
e
n
u
e**1** Contributions, gifts, grants, and similar amounts received**a** Direct public support**1a** **3,100,166****b** Indirect public support**1b****c** Government contributions (grants)**1c****d** Total (add lines 1a through 1c) (cash \$ **3,100,166** noncash \$)**1d** **3,100,166****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4** **3,629****5** Dividends and interest from securities**5****6a** Gross rents**6a****b** Less rental expenses**6b****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c****7** Other investment income (describe)**7****8a** Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

8a**b** Less cost or other basis and sales expenses**8b****c** Gain or (loss) (attach schedule)**8c****d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d****9** Special events and activities (attach schedule)**a** Gross revenue (not including \$ of
contributions reported on line 1a)**9a****b** Less direct expenses other than fundraising expenses**9b****c** Net income or (loss) from special events (subtract line 9b from line 9a)**9c****10a** Gross sales of inventory, less returns and allowances**10a****b** Less cost of goods sold**10b****c** Gross profit or (loss) from sales of inventory (att. sch.) (subtract line 10b from line 10a)**10c****11** Other revenue (from Part VII, line 103)**11** **640****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** **3,104,435****13** Program services (from line 44, column (B))**13** **233,510****14** Management and general (from line 44, column (C))**14** **62,817****15** Fundraising (from line 44, column (D))**15** **2,619,284****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17** **2,915,611****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** **188,824****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** **139,398****20** Other changes in net assets or fund balances (attach explanation)**20****21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** **328,222**

Part II Statement of

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations

Functional Expenses

and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 21.)

Do not include amounts reported on line
6b, 8b, 9b, 10b, or 16 of Part I

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) STMT 1 (cash \$ 176,870 non-cash \$)	22 176,870	176,870		
23 Specific assistance to individuals	23			
24 Benefits paid to or for members	24			
25 Compensation of officers, directors, etc	25 49,404	24,702	24,702	
26 Other salaries and wages	26			
27 Pension plan contributions	27			
28 Other employee benefits	28 1,554	777	777	
29 Payroll taxes	29 4,360	2,180	2,180	
30 Professional fundraising fees	30 2,619,284			2,619,284
31 Accounting fees	31 2,750		2,750	
32 Legal fees	32			
33 Supplies	33 5,817		5,817	
34 Telephone	34 1,210	605	605	
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 15,145	11,359	3,786	
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (att sch)	42 6,073	4,555	1,518	
43 Other expenses not covered above (itemize) a	43a			
b SEE STATEMENT 2	43b 33,144	12,462	20,682	
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 2,915,611	233,510	62,817	2,619,284

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

▶ ☐ Yes ☒ No

If "Yes" enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$

(iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24.)

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) & (4) orgs & 4947(a)(1) trusts but optional for others.)**a** SEE STATEMENT 4

	(Grants and allocations \$ 176,870)	56,640
b		
	(Grants and allocations \$)	
c		
	(Grants and allocations \$)	
d		
	(Grants and allocations \$)	
e Other program services (attach schedule)	(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		56,640

Part IV Balance Sheets (See Specific Instructions on page 24)

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing	97,779	45	267,117
46	Savings and temporary cash investments	25,652	46	27,005
47a	Accounts receivable		47a	
b	Less allowance for doubtful accounts		47b	
48a	Pledges receivable		48a	
b	Less allowance for doubtful accounts		48b	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)		51a	
b	Less allowance for doubtful accounts		51b	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment basis		55a	
b	Less accumulated depreciation (attach schedule)		55b	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment basis	41,075	57a	
b	Less accumulated depreciation (attach schedule) SEE STMT 5	5,801	57b	
58	Other assets (describe <input type="checkbox"/>)	17,693	57c	35,274
59	Total assets (add lines 45 through 58) (must equal line 74)	141,124	59	329,396
60	Accounts payable and accrued expenses	1,726	60	1,174
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe <input type="checkbox"/>)		65	
66	Total liabilities (add lines 60 through 65)	1,726	66	1,174
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	139,398	67	328,222
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	139,398	73	328,222
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	141,124	74	329,396

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes in Part III, the organization's programs and accomplishments.

Form 990 (2002)

THE VETERANS FUND, INC.

23-2981610

Page 4

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

N/A	a Total revenue, gains & other support per audited financial statements	a
b	Amounts included on line a but not on line 12, Form 990	b
(1)	Net unrealized gains on investments \$	
(2)	Donated services and use of facilities \$	
(3)	Recoveries of prior year grants \$	
(4)	Other (specify)	
	\$	
	Add amounts on lines (1) through (4)	b
c	Line a minus line b	c
d	Amounts included on line 12, Form 990 but not on line a	d
(1)	Investment expenses not included on line 6b, Form 990 \$	
(2)	Other (specify)	
	\$	
	Add amounts on lines (1) and (2)	d
e	Total revenue per line 12, Form 990 (line c plus line d)	e

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

N/A	a Total expenses and losses per audited financial statements	a
b	Amounts included on line a but not on line 17, Form 990	b
(1)	Donated services and use of facilities \$	
(2)	Prior year adjustments reported on line 20, Form 990 \$	
(3)	Losses reported on line 20, Form 990 \$	
(4)	Other (specify)	
	\$	
	Add amounts on lines (1) through (4)	b
c	Line a minus line b	c
d	Amounts included on line 17, Form 990 but not on line a	d
(1)	Investment expenses not included on line 6b, Form 990 \$	
(2)	Other (specify)	
	\$	
	Add amounts on lines (1) and (2)	d
e	Total expenses per line 17, Form 990 (line c plus line d)	e

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
HUGH BROOKS 10336 NW 13TH AVE GAINESVILLE FL	PRESIDENT 40 HRS/WK	31,200	0	0
JOAN L. PATTERSON RR #2 BOX 841 PORT TREVORTON PA	SEC/TREAS 40 HRS/WK	18,204	0	0
LAURIE STAIB 105 NEW STREET MUNCY PA 17756	DIRECTOR VARIOUS	0	0	0
G. DONALD YOUNG 1700 WESTWOOD ROAD YORK PA 17403	DIRECTOR VARIOUS	0	0	0
WARREN E. GILBERT, SR. 5540 STONE CREEK STONE MOUNTAIN GA	DIRECTOR VARIOUS	0	0	0
JAMES R. SPEARS 5707 RUSSELVILLE RD FRANKLIN KY	DIRECTOR VARIOUS	0	0	0
JOHN J. ACLIN, JR. 98-1881A KAAHUMANI ST AIEA HI 96701	DIRECTOR VARIOUS	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?
If "Yes," attach schedule-see Specific Instructions on page 27

► ☐ Yes ☒ No

Part VI Other Information (See Specific Instructions on page 27)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
79 Was there a liquidation, dissolution, termination or substantial contraction during the year? If "Yes" attach a statement		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditures See line 81 instr		
b Did the organization file Form 1120-POL for this year?		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If "Yes" you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
c Dues assessments, and similar amounts from members		
d Section 162(e) lobbying and political expenditures		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
b Gross receipts, included on line 12, for public use of club facilities		
87 501(c)(12) orgs Enter a Gross income from members or shareholders		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="text"/> 0 , section 4912 <input type="text"/> 0 , section 4955 <input type="text"/> 0		
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955 and 4958 <input type="text"/> 0		
d Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="text"/> 0		
90a List the states with which a copy of this return is filed <input type="text"/> PA FL MI OR		
b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)		
91 The books are in care of <input type="text"/> JOAN PATTERSON Located at <input type="text"/> PORT TREVORTON, PA	Telephone no <input type="text"/> 570-374-5170 ZIP + 4 <input type="text"/> 17864	
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/> 92		

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sec 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	3,629	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b REFUNDS			1	640	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		4,269	0
105 Total (add line 104, columns (B), (D), and (E))				4,269	4,269

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
•	
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on pg 33)

(a) Did the organization, during the year, receive any funds directly or indirectly to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date

X 2/27/03

AGENT

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

OMB No 1545-0047

2002▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

THE VETERANS FUND, INC.**23-2981610****Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instr List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$ 50 000	(b) Type of service	(c) Compensation
XENTEL, INC. PO BOX 360120, FT. LAUDERDALE, FL 33336-0129	FUNDRAISING FEE	2,619,284
Total number of others receiving over \$50,000 for professional services	0	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2002

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ _____ (Must equal amount on line 38, Part VI-A, or line I of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange or leasing of property? SEE STMT 6	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of exp. if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A. Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting

Note. You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,869,574				1,869,574
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc., purpose					
18 Gross inc. from int., dividends, amounts received from pymt. on securities, loans (section 512(a)(5)), rents, royalties, & unrelated busn. taxable inc. (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	652				652
19 Net income from unrelated business activities not included in line 18					
20 Tax revn. levied for the organization's ben. & either paid to it or expended on its behalf					
21 The value of serv. or fac. furnished to the org. by a governmental unit without charge. Do not incl. the value of serv. or fac. generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap. assets.					
23 Total of lines 15 through 22	1,870,226				1,870,226
24 Line 23 minus line 17	1,870,226				1,870,226
25 Enter 1% of line 23	18,702				

26 Organizations described on lines 10 or 11	a. Enter 2% of amount in column (e), line 24	26a	37,405
b. Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		26b	
c. Total support for section 509(a)(1) test. Enter line 24, column (e).		26c	1,870,226
d. Add: Amounts from column (e) for lines 18 <u>652</u> 19 _____ 22 _____ 26b _____		26d	652
e. Public support (line 26c minus line 26d total)		26e	1,869,574
f. Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	99.9651%

27 Organizations described on line 12 a. For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.

N/A

(2001) (2000) (1999) (1998)

b. For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

N/A

(2001)	(2000)	(1999)	(1998)
c. Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		27c	
d. Add: Line 27a total _____ and line 27b total _____		27d	
e. Public support (line 27c total minus line 27d total)		27e	
f. Total support for section 509(a)(2) test. Enter amount on line 23, column (e)		27f	
g. Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	%
h. Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	%

28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)	31		
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d		
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**Check ☐ **a** If the organization belongs to an affiliated group Check ☐ **b** If you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table-		
If the amount on line 40 is-		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instr)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
- (ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d. If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

[illegible]

Form **8824****Like-Kind Exchanges**

OMB No 1545-1190

(and section 1043 conflict-of-interest sales)

2002Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return

Attachment
Sequence No **109**

Name(s) shown on tax return

Identifying number

THE VETERANS FUND, INC.**23-2981610****Part I Information on the Like-Kind Exchange****Note** If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country**1** Description of like-kind property given up ▶ **1999 FORD E-150 VAN****2** Description of like-kind property received ▶ **2002 FORD E-150 VAN****3** Date like-kind property given up was originally acquired (month day year)**3** **9/13/01****4** Date you actually transferred your property to other party (month, day, year)**4** **8/27/02****5** Date like-kind property you received was identified (month, day, year) (see instructions)**5****6** Date you actually received the like-kind property from other party (month, day, year)**6****7** Was the exchange made with a related party (see instructions)? If "Yes," complete Part II. If "No," go to Part III**a** ☐ Yes, in this tax year **b** ☐ Yes, in a prior tax year **c** ☒ No**Part II Related Party Exchange Information****8** Name of related party

Related party's identifying number

Address (no, street, and apt, room, or suite no.)

City or town, state, and ZIP code

Relationship to you

9 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of the like-kind property received from you in the exchange?☐ Yes ☐ No**10** During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of the like-kind property you received?☐ Yes ☐ NoIf both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is not the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 unless one of the exceptions on line 11 applies. See **Related party exchanges** in the instructions.**11** If one of the exceptions below applies to the disposition, check the applicable box**a** ☐ The disposition was after the death of either of the related parties**b** ☐ The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange**c** ☐ You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as its principal purpose. If this box is checked, attach an explanation (see instructions)**Part III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received****Caution** If you transferred and received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) property, see **Reporting of multi-asset exchanges** in the instructions.**Note** Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line 15.**12** Fair market value (FMV) of other property given up**12****13** Adjusted basis of other property given up**13****14** Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale.**14****15** Cash received. FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred (see instructions).**15****16** FMV of like-kind property you received**16** **26,900****17** Add lines 15 and 16**17** **26,900****18** Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15 (see instructions).**18** **27,854****19** **Realized gain or (loss)**. Subtract line 18 from line 17.**19** **-954****20** Enter the smaller of line 15 or line 19, but not less than zero.**20** **0****21** Ordinary income under recapture rules. Enter here and on Form 4797, line 10 (see instructions).**21****22** Subtract line 21 from line 20. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies (see instructions).**22** **0****23** **Recognized gain**. Add lines 21 and 22.**23****24** Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions.**24** **-954****25** **Basis of like-kind property received**. Subtract line 15 from the sum of lines 18 and 23.**25** **27,854**

Depreciation and Amortization

OMB No 1545-0172

Form **4562**

(Including Information on Listed Property)

2002Department of the Treasury
Internal Revenue Service

▶ See separate instructions

▶ Attach to your tax return

Attachment
Sequence No **67**Name(s) shown on return **THE VETERANS FUND, INC.**Identifying number
23-2981610

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Tangible Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	24,000
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	200,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see pg 2 of the Instr	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for qualified prop (other than listed prop) placed in service during the tax year (see pg 3 of the instr)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	

Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2002	17	2,812
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B-Assets Placed in Service During 2002 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C-Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

20a Class life		32,609	5.0	HY	S/L	3,261
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see page 6 of the instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations-see Instr	22	6,073
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions

Form **4562** (2002)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

23-2981610

Federal Statements

FYE 12/31/2002

Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations, and Contributions

Description	Cash Contribution	Noncash Contribution
RE-CREATION USA, INC, 501(C)(3), PORT TREVORTON PA	\$ 130,750	\$
HELP HOSPITALIZED VETERANS, 501(C)(3), WINCHESTER, CA	10,000	
US DEPT OF VETERANS AFFAIRS, GENERAL POST FUNDS	36,120	
TOTAL	\$ 176,870	\$ 0

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
EXPENSES				
LICENSES AND FEES	2,449		2,449	
BANK FEES & CHARGES	8,608		8,608	
RENT	8,000		8,000	
PROFESSIONAL FEES	3,675	3,675		
OUTSIDE CLERICAL SERVICES	1,625		1,625	
DIRECT PROGRAM EXPENSE	8,787	8,787		
TOTAL	\$ 33,144	\$ 12,462	\$ 20,682	\$ 0

Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose

TO RAISE MONEY FOR THE DEVELOPMENT AND IMPLEMENTATION OF NATIONALLY RELEVANT THERAPEUTIC ARTS PROGRAMS FOR HOSPITALIZED VETERANS AND VETERANS RECEIVING OUTPATIENT TREATMENT FROM US DEPARTMENT OF MEDICAL AFFAIRS, AND FOR DISTRIBUTION TO OTHER 501(C)(3) ORGANIZATIONS

Statement 4 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

TO RAISE MONEY FOR THE DEVELOPMENT AND IMPLEMENTATION OF NATIONALLY RELEVANT THERAPEUTIC ARTS PROGRAMS FOR HOSPITALIZED VETERANS AND VETERANS RECEIVING OUTPATIENT TREATMENT FROM THE UNITED STATES DEPARTMENT OF MEDICAL AFFAIRS AND FOR DISTRIBUTION TO OTHER 501 (C) (3) ORGANIZATIONS

23-2981610

Federal Statements

FYE 12/31/2002

Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning</u>	<u>Accum</u>	<u>End of</u>	<u>Accum</u>
	<u>of Year</u>	<u>Deprec</u>	<u>Year</u>	<u>Deprec</u>
	\$ 19,659	\$ 1,966	\$ 41,075	\$ 5,801
TOTAL	<u>\$ 19,659</u>	<u>\$ 1,966</u>	<u>\$ 41,075</u>	<u>\$ 5,801</u>

Statement 6 - Schedule A, Part III, Line 2a - Sale, Exchange, or Lease of Property

LEASE OF OFFICE SPACE AND STORAGE FROM JOAN PATTERSON, SECRETARY

23-2981610

Federal Asset Report

FYE 12/31/2002

Indirect Depreciation

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	Per	Conv	Meth	Prior	Current
Class Life ADS Property:												
3	2002 FORD E-150 VAN	8/27/02	27,854				27,854	5	HY	S/L	0	2,785
4	COMPUTER HP (J)	1/04/02	1,516				1,516	5	HY	S/L	0	152
5	COMPUTER HP (H)	1/08/02	1,444				1,444	5	HY	S/L	0	144
6	LAPTOP COMPUTER	10/05/02	1,795				1,795	5	HY	S/L	0	180
			<u>32,609</u>				<u>32,609</u>				<u>0</u>	<u>3,261</u>
Prior MACRS												
1	1997 FORD WINDSTAR	9/10/01	8,466				8,466	5	HY	S/L	847	1,693
2	1999 FORD E-150 VAN	9/13/01	11,193				11,193	5	HY	S/L	1,119	1,119
	Traded 8/27/02		<u>19,659</u>				<u>19,659</u>				<u>1,966</u>	<u>2,812</u>
Grand Totals			52,268				52,268				1,966	6,073
Less. Dispositions			<u>11,193</u>				<u>11,193</u>				<u>1,119</u>	<u>1,119</u>
Net Grand Totals			<u>41,075</u>				<u>41,075</u>				<u>847</u>	<u>4,954</u>